

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		5/30/01
O.I.P.E. CLASSIFIER		49	6/11/01
FORMALITY REVIEW	<i>[Signature]</i>	555	7/26/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	4	9
2	✓	22	25
3	✓	03	03
4	✓	03	04
5	✓	04	04
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Best Available Copy

If more than 150 claims or 10 actions  
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10-26-01